Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Urinary Tumor Markers for Bladder Cancer

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Bladder cancer is defined as a malignancy that develops from the tissues of the bladder. It is the most common cancer of the urinary system. The cancer typically arises from the urothelium, although it may originate in other locations such as the ureter or urethra.

Tumor biomarkers are proteins detected in the blood, urine, or other body fluids that are produced by the tumor itself or in response to it. Urinary tumor markers may be used to help detect, diagnose, and manage some types of cancer including bladder cancer.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. As an adjunct to cystoscopy, urinary biomarker (bladder tumor antigen [BTA] test, nuclear matrix protein [NMP22] test) **MEETS COVERAGE CRITERIA** in any of the following situations:
   a. In the diagnostic exclusion of bladder cancer for individuals who have an atypical or equivocal urinary cytology.
   b. In the monitoring of high-risk, non-muscle invasive bladder cancer.
2. As an adjunct to cystoscopy or urinary cytology in the monitoring of individuals with bladder cancer, the use of fluorescence immunocytology (ImmunoCyt/uCyt) **MEETS COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

3. For the evaluation of hematuria, to screen for bladder cancer in asymptomatic individuals, to diagnose bladder cancer in symptomatic individuals, or for any other indication not discussed above, the following tests **DO NOT MEET COVERAGE CRITERIA**:
   a. Urinary biomarkers (bladder tumor antigen (BTA) test or nuclear matrix protein (NMP22) test.
   b. Fluorescence immunocytology (ImmunoCyt/uCyt).
4. Any other urinary tumor markers for bladder cancer not mentioned above **DO NOT MEET COVERAGE CRITERIA**.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen)
86316	Immunoassay for tumor antigen, other antigen, quantitative (e.g., CA 50, 72-4, 549), each
86386	Nuclear Matrix Protein 22 (NMP22), qualitative
88120	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
88121	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology
88346	Immunofluorescence, per specimen; initial single antibody stain procedure
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA), by immunoassays, urine, diagnostic algorithm, including patient's age, race and gender, reported as a probability of harboring urothelial bladder cancer Proprietary test: Oncuria® Detect Lab/Manufacturer: DiaCarta Clinical Lab
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer Proprietary test: Oncuria® Monitor Lab/Manufacturer: DiaCarta Clinical Lab
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection Proprietary test: Oncuria® Predict Lab/Manufacturer: DiaCarta Clinical Lab

Evidence-based Scientific References

1. Lerner SP, Raghavan, Derek. Overview of the initial approach and management of urothelial bladder cancer. Updated July 29, 2024. https://www.uptodate.com/contents/overview-of-the-initial-approach-and-management-of-urothelial-bladder-cancer
2. Hottinger AF, Hormigo A. Serum Biomarkers. In: Schwab M, ed. Encyclopedia of Cancer. Springer Berlin Heidelberg; 2011:3390-3394.
3. ACS. Key Statistics for Bladder Cancer. Updated March 12, 2024. https://www.cancer.org/cancer/types/bladder-cancer/about/key-statistics.html
4. NCCN. NCCN Guidelines Version 3.2025 Bladder Cancer. Updated December 19, 2025. https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf
5. DeGeorge KC, Holt HR, Hodges SC. Bladder Cancer: Diagnosis and Treatment. 2017;(1532-0650 (Electronic))
6. Perazalla M. Evaluation of hematuria in adults. Updated October 1, 2025. https://www.uptodate.com/contents/evaluation-of-hematuria-in-adults
7. Lotan Y, Choueiri T. Clinical presentation, diagnosis, and staging of bladder cancer. Updated December 18, 2025. https://www.uptodate.com/contents/clinical-presentation-diagnosis-and-staging-of-bladder-cancer
8. Sutton AJ, Lamont JV, Evans RM, et al. An early analysis of the cost-effectiveness of a diagnostic classifier for risk stratification of haematuria patients (DCRSHP) compared to flexible cystoscopy in the diagnosis of bladder cancer. PloS one. 2018;13(8):e0202796. doi:10.1371/journal.pone.0202796
9. Kaufman DS, Shipley WU, Feldman AS. Bladder cancer. Lancet (London, England). Jul 18 2009;374(9685):239-49. doi:10.1016/s0140-6736(09)60491-8
10. Chou R, Dana T. Screening adults for bladder cancer: A review of the evidence for the u.s. preventive services task force. Annals of Internal Medicine. 2010;153(7):461-468. doi:10.7326/0003-4819-153-7-201010050-00009

11. Mitra A, Birkman M, Penson D, Cote R. Urine biomarkers for the detection of urothelial (transitional cell) carcinoma of the bladder Updated January 18, 2024. https://www.uptodate.com/contents/urine-biomarkers-for-the-detection-of-urothelial-transitional-cell-carcinoma-of-the-bladder
12. Lopez-Beltran A, Cheng L, Gevaert T, et al. Current and emerging bladder cancer biomarkers with an emphasis on urine biomarkers. Expert Rev Mol Diagn. Dec 11 2019:1-13. doi:10.1080/14737159.2020.1699791
13. D'Costa JJ, Goldsmith JC, Wilson JS, Bryan RT, Ward DG. A Systematic Review of the Diagnostic and Prognostic Value of Urinary Protein Biomarkers in Urothelial Bladder Cancer. Bladder cancer (Amsterdam, Netherlands). 2016;2(3):301-317. doi:10.3233/blc-160054
14. Lotan Y, Elias K, Svatek RS, et al. Bladder cancer screening in a high risk asymptomatic population using a point of care urine based protein tumor marker. The Journal of urology. Jul 2009;182(1):52-7; discussion 58. doi:10.1016/j.juro.2009.02.142
15. Li HT, Duymich CE, Weisenberger DJ, Liang G. Genetic and Epigenetic Alterations in Bladder Cancer. Int Neurourol J. Nov 2016;20(Suppl 2):S84-94. doi:10.5213/inj.1632752.376
16. Mahnert B, Tauber S, Kriegmair M, et al. BTA-TRAK--a useful diagnostic tool in urinary bladder cancer? Anticancer research. Jul-Aug 1999;19(4a):2615-9.
17. Grossman H, Messing E, Soloway M, et al. Detection of bladder cancer using a point-of-care proteomic assay. JAMA. 2005;293(7):810-816. doi:10.1001/jama.293.7.810
18. Zuiverloon TCM, de Jong FC, Theodorescu D. Clinical Decision Making in Surveillance of Non-Muscle-Invasive Bladder Cancer: The Evolving Roles of Urinary Cytology and Molecular Markers. Oncology (Williston Park, NY). Dec 15 2017;31(12):855-62.
19. Abbott. ALERE NMP22® BLADDERCHEK®. https://www.globalpointofcare.abbott/en/product-details/nmp22-bladderchek.html
20. Diagnostics I. Bladder Cancer Detection. https://arocell.com/products/oncology/ubc-rapid/
21. Ecke TH, Weiß S, Stephan C, et al. UBC(®) Rapid Test-A Urinary Point-of-Care (POC) Assay for Diagnosis of Bladder Cancer with a focus on Non-Muscle Invasive High-Grade Tumors: Results of a Multicenter-Study. Int J Mol Sci. Dec 2 2018;19(12)doi:10.3390/ijms19123841
22. NICE. URO17 for detecting bladder cancer. Updated February 4, 2021. https://www.nice.org.uk/advice/mib250/chapter/The-technology
23. KDx Diagnostics. URO17® A Better test For Better Health. https://kdxdiagnostics.com/uro17/
24. Vasdev, Hampson A, Agarwal S, et al. The role of URO17™ biomarker to enhance diagnosis of urothelial cancer in new hematuria patients-First European Data. BJUI Compass. Jan 2021;2(1):46-52. doi:10.1002/bco2.50
25. Nonagen Bioscience. Bladder Cancer. https://www.nonagen.com/products
26. Soubra A, Risk MC. Diagnostics techniques in nonmuscle invasive bladder cancer. Indian journal of urology : IJU : journal of the Urological Society of India. Oct-Dec 2015;31(4):283-8. doi:10.4103/0970-1591.166449
27. Lotan Y, Roehrborn CG. Sensitivity and specificity of commonly available bladder tumor markers versus cytology: results of a comprehensive literature review and meta-analyses. Urology. 2003;61(1):109-118. doi:10.1016/S0090-4295(02)02136-2
28. Hirasawa Y, Pagano I, Chen R, et al. Diagnostic performance of Oncuria™, a urinalysis test for bladder cancer. Journal of Translational Medicine. 2021/04/06 2021;19(1):141. doi:10.1186/s12967-021-02796-4
29. Schmitz-Dräger BJ, Droller M, Lokeshwar VB, et al. Molecular Markers for Bladder Cancer Screening, Early Diagnosis, and Surveillance: The WHO/ICUD Consensus. Urologia Internationalis. 2015;94(1):1-24. doi:10.1159/000369357
30. Halpern JA, Chughtai B, Ghomrawi H. Cost-effectiveness of Common Diagnostic Approaches for Evaluation of Asymptomatic Microscopic Hematuria. JAMA internal medicine. Jun 2017;177(6):800-807. doi:10.1001/jamainternmed.2017.0739
31. Meleth S, Reeder-Hayes K, Ashok M, et al. AHRQ Technology Assessments. Technology Assessment of Molecular Pathology Testing for the Estimation of Prognosis for Common Cancers. Agency for Healthcare Research and Quality (US); 2014.
32. Tan WS, Tan WP, Tan MY, et al. Novel urinary biomarkers for the detection of bladder cancer: A systematic review. Cancer Treat Rev. Sep 2018;69:39-52. doi:10.1016/j.ctrv.2018.05.012
33. Mossanen M, Wang Y, Szymaniak J, et al. Evaluating the cost of surveillance for non-muscle-invasive bladder cancer: an analysis based on risk categories. World J Urol. Oct 2019;37(10):2059-2065. doi:10.1007/s00345-018-2550-x
34. Vasdev N, Hampson A, Agarwal S, et al. The role of URO17™ biomarker to enhance diagnosis of urothelial cancer in new hematuria patients—First European Data. BJUI Compass. 2021;2(1):46-52. doi:10.1002/bco2.50
35. Davis R, Jones JS, Barocas DA, et al. Diagnosis, evaluation and follow-up of asymptomatic microhematuria (AMH) in adults: AUA guideline. The Journal of urology. Dec 2012;188(6 Suppl):2473-81. doi:10.1016/j.juro.2012.09.078
36. Barocas DA, Boorjian SA, Alvarez RD, et al. Microhematuria: AUA/SUFU Guideline. The Journal of urology. Oct 2021;204(4):778-786. doi:10.1097/ju.0000000000001297
37. Barocas DA, Lotan Y, Matulewicz RS, et al. Updates to Microhematuria: AUA/SUFU Guideline (2025). The Journal of urology. May 2025;213(5):547-557. doi:10.1097/JU.0000000000004490
38. Chang SS, Boorjian SA, Chou R, et al. Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline. The Journal of urology. Oct 2016;196(4):1021-9. doi:10.1016/j.juro.2016.06.049

39. Holzbeierlein J BB, Buckley DI, et al. Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline: 2024 Amendment. Journal of Urology [Internet]. 2024 Apr 1 2024;
40. Chang SS, Bochner BH, Chou R, et al. Treatment of Non-Metastatic Muscle-Invasive Bladder Cancer: AUA/ASCO/ASTRO/SUO Guideline. The Journal of urology. Sep 2017;198(3):552-559. doi:10.1016/j.juro.2017.04.086
41. Moyer VA. Screening for bladder cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. Aug 16 2011;155(4):246-51. doi:10.7326/0003-4819-155-4-201108160-00008
42. USPSTF. Bladder Cancer in Adults: Screening. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/bladder-cancer-in-adults-screening
43. Monteiro LL, Witjes JA, Agarwal PK, et al. ICUD-SIU International Consultation on Bladder Cancer 2017: management of non-muscle invasive bladder cancer. 2018:1-10.
44. NCI. Bladder and Other Urothelial Cancers Screening (PDQ®)–Health Professional Version. U.S. Department of Health and Human Services. Accessed 12/12/2024, https://www.cancer.gov/types/bladder/hp/bladder-screening-pdq
45. Alfred Witjes J, Max Bruins H, Carrion A, et al. European Association of Urology Guidelines on Muscle-invasive and Metastatic Bladder Cancer: Summary of the 2023 Guidelines. Eur Urol. Jan 2024;85(1):17-31. doi:10.1016/j.eururo.2023.08.016
46. Babjuk M, Burger M, Capoun O, et al. European Association of Urology Guidelines on Non–muscle-invasive Bladder Cancer (Ta, T1, and Carcinoma in Situ). European Urology. 2022;81(1):75-94. doi:10.1016/j.eururo.2021.08.010
47. EAU. EAU Guidelines on Non-muscle Invasive Bladder Cancer. https://uroweb.org/guidelines/non-muscle-invasive-bladder-cancer
48. Bhindi B, Kool R, Kulkarni GS, et al. Canadian Urological Association guideline on the management of non-muscle-invasive bladder cancer – Full-text. Can Urol Assoc J 2021;
49. Stecca C, Chowdhury D, Blais N, et al. 2024 CUA-GUMOC Expert Report: Management of unresectable locally advanced and metastatic urothelial carcinoma. Can Urol Assoc J. 2024;18(12):379-90
50. FDA. 510(k) Summary Information. https://www.accessdata.fda.gov/cdrh_docs/pdf/K964151.pdf
51. FDA. 510(k) Summary Information. https://www.accessdata.fda.gov/cdrh_docs/pdf/K971402.pdf
52. FDA. Premarket Approval. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P940035
53. FDA. 510(k) Summary. https://www.accessdata.fda.gov/cdrh_docs/pdf2/K021231.pdf
54. FDA. Premarket Approval. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P030052
55. FDA. 510(k) number: K994356. https://www.accessdata.fda.gov/cdrh_docs/pdf/K994356.pdf
56. Darwiche F, Parekh DJ, Gonzalgo ML. Biomarkers for non-muscle invasive bladder cancer: Current tests and future promise. Indian journal of urology : IJU : journal of the Urological Society of India. Oct-Dec 2015;31(4):273-82. doi:10.4103/0970-1591.166448

Publication History

08/01/2026:	Administrative edits for clarity and consistency
03/01/2026:	Annual review; removed 0012M, 0013M, 0363U, 0420U, 0452U, 0465U, 0549U from coding grid
09/01/2025:	Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.